

2004 Statewide Hospital Service Report Summary

The Indiana State Department of Health (ISDH) is required by Indiana Code 16-21-6-11 to publish information filed by hospitals that assists the consuming public in making utilization comparisons between hospitals. The following will review the key characteristics, inpatient and outpatient services, and trends of acute care hospitals in the state of Indiana¹. The results are based on totals from the 136 individual hospital service reports (including three satellite hospitals) that are also displayed at this web site.

Characteristics of Indiana Hospitals

In December 2004, there were 133 acute care hospitals in Indiana. These hospitals were located in 76 of the 92 counties (see Figure A on page 2).

In 2004, these acute care hospitals had the following characteristics:

- **Type of Hospital:** The majority of hospitals (65%) were established to offer general acute care services. Thirty-five percent of the hospitals were designated by the Centers for Medicare and Medicaid Services to focus on rehabilitation needs (7 hospitals), long-term acute care (15 hospitals), and/or to serve the needs of rural counties (25 critical access hospitals).
- **Size of Hospitals:** Hospitals had an average set-up bed capacity of 128 beds. 15 hospitals had over 300 beds; 20 hospitals had from 150 to 299 beds; 47 hospitals had from 51 to 149 beds; and 51 hospitals had bed capacities under 50 beds.
- **Inpatient/Outpatient Utilization:** Hospitals had 743,659 discharges in 2004, representing 54% of all revenue. Hospitals treated 10,028,394 outpatients, representing 46% of all revenue.
- **Corporate Status:** Over half of the acute care hospitals (51%) were organized on a nonprofit basis. More than one quarter (27%) were organized by county or municipal governments. The remaining twenty-two percent of all acute care hospitals were organized on a proprietary basis.

**Figure A
Number
of Acute
Care
Hospitals
in Each
City,
Indiana**



Source: Indiana State Department of Health, 2004

Inpatient Utilization

The majority of Indiana acute care hospitals have general medical-surgical beds and intensive care units available on a 24-hour basis. (See Table A.)

Table A: Inpatient Beds, Discharges, and Average Length of Stay²

HOSPITAL SERVICE	NUMBER OF HOSPITALS WITH SERVICE	NUMBER OF SET-UP BEDS	TOTAL NUMBER OF DISCHARGES	AVERAGE LENGTH OF STAY
Burn Care	3	27	683	9.0
Cardiac Intensive	30	511	20,918	5.1
ICU Med/Surg	97	1,309	45,524	5.9
ICU Neonatal	23	511	7,215	15.3
ICU Pediatric	7	133	2,959	6.3
Medical/Surgical	126	9,487	441,442	4.8
Neonatal Intermed	10	110	1,446	11.3
Obstetrics	96	1,616	98,574	2.4
Pediatrics	48	847	29,964	3.8
Psychiatric	22	603	27,923	5.4
Rehabilitation	45	1,235	281,022	9.6
Substance Abuse	17	343	6,569	11.3
Swing Beds	25	NA	4,478	4.8
Other	27	589	28,790	NA
Acute Subtotal	133	17,374	743,659	4.9
Normal Newborn	94	1,626	75,836	2.2
Nursing Facility	31	1,135	18,698	16.8

The average hospital will establish a charge structure for each of its services³, based on the age and severity of all diagnoses to be treated during a hospital stay⁴. The information in Table B reflects the average charge by peer groups (See Table B).

Table B: Average Charges for Hospital Stay by Hospital Size

HOSPITAL SERVICE	SMALL HOSPITALS (PEER 1)	MEDIUM HOSPITALS (PEER 2-3)	LARGE HOSPITALS (PEER 4-5)	SPECIALIZED HOSPITALS (PEER 7)
Burn Care	-	\$14,095	\$50,494	-
Cardiac Intensive	\$17,004	\$8,936	\$7,728	\$2,550
ICU Med/Surg	\$5,917	\$7,225	\$10,712	\$57,083
ICU Neonatal	-	\$26,923	\$29,378	\$12,634
ICU Pediatrics	-	-	\$22,443	-
Medical Surgical	\$4,058	\$4,663	\$4,202	\$3,173
Neonatal Intermediate	-	\$6,946	\$10,926	-
Obstetrics	\$2,782	\$3,367	\$2,680	\$1,651
Pediatric	\$2,786	\$2,032	\$4,139	-
Psychiatric	\$4,466	\$5,525	\$2,945	\$4,101
Rehabilitation	\$9,329	\$5,585	\$6,409	\$26,179
Substance Abuse	\$4,742	\$6,677	\$7,951	-
Normal Newborn	\$1,070	\$1,316	\$1,089	\$1,917

Hospitals continue to develop and maintain services needed within their community. All hospitals will transfer patients to larger hospitals when the patients are in need of specialized services (see Table C).

Table C: Percentage of Hospitals with Selected Specialized Services

SELECTED SERVICES	SMALL HOSPITALS	MEDIUM HOSPITALS	LARGE HOSPITALS	SPECIALIZED HOSPITALS
Cardiac-Thoracic Surgery	-	23.4%	83.3%	24.0%
Coronary Care Unit	7.5%	33.3%	62.5%	12.0%
Home Health Agency	50.0%	59.6%	66.7%	4.0%
Long Term Care Unit (Separately certified)	12.5%	34.0%	41.7%	-
Neonatal Nursery	22.5%	53.2%	87.5%	4.0%
Obstetrics Services	75.0%	91.4%	91.7%	-
Rehabilitation ⁵	60.3%	72.3%	75.0%	68.0%
Renal Dialysis	15.0%	48.9%	87.5%	64.0%
Organized Emergency Department	95.0%	95.7%	100.0%	8.0%

Outpatient Utilization

Many Indiana residents receive care on an outpatient basis at Indiana hospitals. In 2004, the information shown in Table D shows that care of injuries and musculoskeletal problems are the key reason for seeking outpatient care in a hospital setting.

Table D: Hospital Outpatient Utilization, Indiana, 2004⁶

CATEGORY	ICD-9-CM CODE CLASS	NUMBER OF ESTIMATED VISITS	PERCENT OF SUBTOTAL	RANK OF SUBTOTAL
Infectious Disease	001-139	125,532	2.0%	14 th
HIV	042-044	24,532	0.04%	17 th
Neoplasms	140-239	357,377	5.7%	8 th
Endocrine	240-279	711,896	11.4%	3 rd
Blood Disease	280-289	165,601	2.7%	12 th
Mental Disorder	290-319	235,479	3.8%	10 th
Nervous	320-389	309,867	4.9%	9 th
Circulatory	390-459	681,258	10.9%	4 th
Respiratory	460-519	477,632	7.7%	6 th
Digestive	520-579	382,608	6.1%	7 th
Urinary	580-629	566,496	9.1%	5 th
Pregnancy	630-677	183,792	3.0%	11 th
Skin Disorders	680-709	156,191	2.5%	13 th
Musculoskeletal	710-739	872,101	14.0%	1 st
Congenital	740-759	45,984	0.01%	16 th
Perinatal	760-779	89,169	1.4%	15 th
All Injuries	800-999	846,144	13.5%	2 nd
Subtotal		6,228,112	100%	
Other/Unknown		3,798,282		
Total Visits		10,026,394		

In 2004, 2.5 million individuals visited the emergency departments (ED) for needed services. This visitation represented 25 percent of all outpatient visits (see Table E).

Table E: Number of Emergency Department Visits

EMERGENCY DEPARTMENTS	NUMBER OF TOTAL ED VISITS	NO. OF INJURY RELATED ED VISITS
109	2,507,132	731,213

Overall Trends

Between 2000 and 2004, there were 13 new hospitals that were opened. One new hospital specialized in rehabilitation, and 6 new hospitals were designed to meet long-term acute needs.

Since 2000, there have been two acute care hospitals that have closed. The closed hospitals include Winona Hospital, Indianapolis (2004) and Wirth Regional Hospital, Oakland City (2003).

Between 2000 and 2004, 25 hospitals were designated by CMS as critical access hospitals. The hospitals receive specialized reimbursement to serve the needs of their rural community, based on an agreement to maintain no more than 25 acute care beds, and limiting the average length of stay to no more than 96 hours.

In general, since 2000, the number of inpatient admissions has declined and the number of outpatient visits has increased (see Table F.)

Table F: Five -Year Trend Line of Beds and Discharges

STATEWIDE INDICATORS	2000	2001	2002	2003	2004
Total Hospitals ¹ <small>Filing Report</small>	129	131	131	133	136
Total Hospital Set Up Beds	17,594	17,738	17,795	17,705	17,374
Number of Discharges	697,698	756,420	741,736	726,871	743,659
Average Length of Stay	5.1	4.9	5.2	4.9	4.9
Total Outpatient Visits	8,638,092	9,557,664	9,849,593	9,954,953	10,026,394

Footnotes

1. Information in this report was abstracted from 136 hospital service reports filed with ISDH under the Indiana Hospital Financial Disclosure Act (IC 16-21-6-6). This information represents all acute care hospitals licensed under IC 16-21-1. The reports do not include psychiatric hospitals licensed under IC 12-25.
2. Definitions of terms used in this report are as follows:

TERM USED IN HOSPITAL SERVICE REPORT	DEFINITION OF TERMS IN COMPLETING THIS REPORT
Set-Up Beds	The actual number of available beds set-up and staffed for inpatients as of the close of the reporting period.
Discharges	Count of inpatients that have expired during their stay, or have had a formal release from the hospital to home or to another health care setting.
Patient Days	Inpatient day is a period of service between the census-taking hours on two successive days, with the day of discharge being counted only when the patient was admitted the same day.
Average Length of Stay	Number of patient days over the number of discharges
Total Charges	Total charges for all inpatient care in this hospital unit.
Average Charge	Total charges divided by the number of discharges for a service.
Peer Groups	Calculation of factors such as beds, patient days, and charges to establish a grouping of hospitals with similar resource capacity. This report summarizes the information by small, medium, large, and specialized hospitals.
Public Health Districts	To assist county health departments and hospitals, ISDH designated ten geographic regions in Indiana for coordination of bioterrorism funds and charging of information, training and equipment.
Outpatient Visit	A visit by a patient who is not lodged in the hospital while receiving medical, dental, or other services. Total outpatient visits include all clinic visits, referral visits, observation services, outpatient surgeries, and emergency room visits.
Children's Hospitals	Have services that are furnished to inpatients predominately under the age of 18 years.

TERM USED IN HOSPITAL SERVICE REPORT	DEFINITION OF TERMS IN COMPLETING THIS REPORT
Critical Access Hospital (CAHs)	Are rural community hospitals that receive cost-based reimbursement. To be designated a CAH, a rural hospital must meet defined criteria that are outlined in the Conditions of Participation (42 CFR 485) and subsequent legislative refinements to the program through the BBRA, BIPA, and Medicare Modernization Act.
Long Term Hospitals	Have an average patient length of stay of greater than 25 days.
Psychiatric Hospitals	Provide diagnostic and treatment services to patients with mental/ and/or emotional disorders.
Rehabilitation Hospitals	Provide medical, health-related social and/or vocational services to disabled individuals to help them attain their maximum functional capacity.
Short Term Hospitals	Have an average patient length of stay of 25 days or less.

Definitions of Hospital Service

HOSPITAL SERVICE	DEFINITION OF TERMS IN COMPLETING THIS REPORT
Burn Care	Provides care to severely burned patients. Severely burned patients are those with any of the following: second degree burns of more than 25 percent total body surface for adults or 20 percent total body surface area for children; (2) third degree burns of more than 10 percent total body surface; (3) any severe burns of the hands, face, eyes, ears, or feet; and (4) all inhalation injuries, electrical burns, complicated burn injuries involving fractures, other major trauma, and other risks.
Cardiac Intensive	Provides patient care of a more specialized nature than the usual medical/surgical care. The unit focuses on patients because of heart seizure, open-heart surgery, or other life threatening conditions, who require intensified comprehensive observation and care. May include myocardial infarction, pulmonary care, and heart transplant units.
ICU Medical/Surgical	Provides patient care of a more intensive nature than the usual medical/surgical care. These units focus on patients who, because of shock, trauma, or other life threatening conditions, require intensified comprehensive observation and care.

HOSPITAL SERVICE	DEFINITION OF TERMS USED IN THIS REPORT
ICU Neonatal	A unit that must be separate from the newborn nursery that provides intensive care to all sick infants including those with very low birth weight (less than 1,500 grams). NICU has potential for providing mechanical ventilation, neonatal surgery, and special care for the sickest infants born in the hospital or transferred from other institutions.
ICU Pediatric	Provides care to pediatric patients that is more intensive in nature than usually provided to pediatric patients. The unit focuses on younger patients who, because of shock, trauma, or other life threatening conditions, require comprehensive observation and care.
Medical/Surgical	Provides acute care to patients in medical and surgical units.
Neonatal Intermediate	A unit that must be separate from the normal newborn nursery and provides intermediate and/or recovery care and some specialized services, including immediate resuscitation, intravenous therapy, and capacity for prolonged oxygen therapy and monitoring.
Obstetrics	Provides services for maternity and newborn services and may be supervised by a full-time maternal/fetal specialist.
Pediatric	Provides acute care to pediatric patients in need of low intensity care.
Psychiatric	A CMS DRG exempt unit admitting and actively treating patients for a principal diagnosis that is listed in the Third Edition of the American Psychiatric Association's Diagnostic and Statistical Manual or in Chapter Five ("Mental Disorders") of the International Classification of Diseases, Ninth Revision, Clinical Modifications (ICD-9-CM).
Rehabilitation	A CMS DRG exempt unit where 75 percent of the inpatient population requires intensive rehabilitation services for treatment of stroke, spinal cord injury, congenital deformity, amputation, major multiple trauma, fracture of femur, brain injury, polyarthritis, neurological disorders, and/or burns.
Substance Abuse	Provides diagnoses and therapeutic services to patients with alcoholism and other drug dependencies. The unit is reimbursed by DRG system and has no special CMS exemption.
Swing Bed Program	Under Section 1883 (b) of the Social Security Act, CMS determines if a hospital is located in a rural area and has (1) less than 49 beds or (2) between 49 and 99 beds. That determination allows the service to provide either acute or long-term-care services. A hospital is not required to identify the number of beds for this service in this report.
All Other Services	Includes a subtotal of any other services (with beds and discharges) that were not specified above.
Total Acute	This row is a total of the previous 15 rows and represents total discharges, patient days, and set-up beds in the hospital (minus any LTC certified nursing facilities).

Normal Newborn	Provides care in a normal infant bassinet.
----------------	--------------------------------------------

3. Acute care hospitals began to record total charges within the hospital service report in calendar year 2002. Total charges reflect the billed charges within that service and do not include ancillary charges billed by other hospital units (such as laboratories). Table B reflects the average charge per stay or the total charges divided by discharges for each of the thirteen hospital services.
4. This table compares the size of the average unit in three groupings of similar-sized hospitals.
5. Hospital rehabilitation programs that have been recognized by the Centers for Medicare and Medicaid Services as eligible for specialized federal reimbursement. The rehabilitation programs totals include noncertified programs and programs accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).
6. This year's outpatient reporting was from 87.9 percent of the hospitals in Indiana (117 of 133).

Health Care Regulatory Services

2004 Hospital Services Main Page